

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

JAN 16 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42708

State File No.

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 289

1. PLACE OF DEATH:

(a) County PETTIS  
(b) City or town SEDALIA  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 521 E 10TH  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME GEORGIA LEE BEAMAN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WID  
6. (b) Name of husband or wife FRANK BEAMAN 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased APR. 17 1872  
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 21 If less than one day  
hr. min.

9. Birthplace WARSAW MO D  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

12. Name THOMAS SMITH  
13. Birthplace MO D  
(City, town, or county) (State or foreign country)  
14. Maiden name MARTHA SMITH  
15. Birthplace MO D  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. VIRGIL DECKER  
(b) Address LEARY TEXAS

17. (a) BURIAL (b) Date thereof JAN-1-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL

18. (a) Signature of funeral director GILLESPIE FUNL HOME  
(b) Address SEDALIA MO

19. (a) 1/2/42 (b) Mrs. Anna Berger  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County PETTIS  
(c) City or town SEDALIA  
(If outside city or town limits, write "RURAL")  
(d) Street No. 521 E 10TH ST  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 28  
year 1941 hour 10 minute AM

21. I hereby certify that I examined the deceased from 12-28 1941 to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Died very suddenly  
probably from heart trouble  
probably coronary occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Major findings:  
Of operations ✓

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? ✓  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? ✓ (Specify type of place) \_\_\_\_\_  
(e) Means of injury ✓

23. Signature H J Bishop (M. D. or other)  
Address Sedalia Mo Date signed 1/2/42

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 1-14-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*R. E. Baker*

Licensed Embalmer No.

2419

P. O. Address

*Seculia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.